								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									<u>. T</u> 2	96	6055	-
						mn 2)	SMALL EI	ENTITY OR		OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE
FOR ,			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/8 minus 20=		. 2			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			Z minus 3 =		9		_	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2					TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II										-	OTHER	
		(Column 1) CLAIMS	1	(Colui		(Column 3	3)	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	į.
	Independent	*	Minus	***		=		X40=		OR	X80=	;
	FIRST PRESENTATION OF MU		ILTIPLE DEPENDENT		T CLAIM		]		·	On		
								+135=		OR	+270=	
			# I	•				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui		(Column 3	3)			•	, ,	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		1	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		]			OR		ļ
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	<u> </u>
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	;
	Independent	•	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		]	7.40=		OR		
+135=										OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
		mber Previously Pai ber Previously Pai						und in the ap	oropriate bo	x in co	lumn 1.	